

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012675	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2011
NAME OF PROVIDER OR SUPPLIER AMERICAN HOME HEALTHCARE SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1035 WALL ST STE 104-C1 JEFFERSONVILLE, IN 47130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments This visit was for an initial home health state licensure survey. Facility Number: 012675 License Number: 11126751 Survey Team: Dawn Snider, RN, PHNS Census Service Type: Skilled: 4 Home Health Only: 0 Total: 4 Sample: 4 RR w/HV: 2 RR w/o HV: 2 Total: 4 Quality Review: Joyce Elder, MSN, BSN, RN December 22, 2011	N 000		
N 462	410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients. This RULE is not met as evidenced by: Based on personnel file review and interview, the	N 462		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

RV2J11

If continuation sheet 1 of 5

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N 462	<p>Continued From page 1</p> <p>agency failed to ensure that all employees with patient contact had a physical examination by a physician that identified the employee would not spread infectious or communicable diseases in 5 of 6 files reviewed of employees who had direct patient contact. (A, C, D, E, F, and G)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel file A, date of hire 7/27/11 and first patient contact 11/9/11, failed to evidence on the physical exam that verified the employee was free from communicable diseases. 2. Personnel file C, date of hire 8/11/11 and first patient contact date unknown, failed to evidence on the physical exam that verified the employee was free from communicable diseases. 3. Personnel file D, date of hire 7/26/11 and first patient contact 10/14/11, failed to evidence on the physical exam that verified the employee was free from communicable diseases. 4. Personnel file F, date of hire 11/18/11 and first patient contact 11/18/11, failed to evidence on the physical exam that verified the employee was free from communicable diseases. 5. Personnel file G, date of hire 11/7/11 and first patient contact 11/7/11, failed to evidence on the physical exam that verified the employee was free from communicable diseases. 6. On 12/15/11 at 10:15 AM, Employee A, the director of nursing (DON), Employee B, the administrator, and office assistant indicated the physical exam failed to evidence employees A, C, D, E, F and G identified the employee was free from communicable diseases. 	N 462			

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N 522	<p>410 IAC 17-13-1(a) Patient Care</p> <p>Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>This RULE is not met as evidenced by: Based on clinical record review and policy review, the agency failed to ensure physical therapy services were provided as ordered on the plan of care and the physician was notified of missed physical therapy visits for 3 of 4 records reviewed. (1, 2, and 3)</p> <p>Findings include:</p> <p>1. Clinical record #1, plan of care 11/5/11-1/3/12, evidenced missed visits by Employee F, the physical therapist, on 11/28/11, 12/2/11, 12/8/11, 12/10/11, 12/11/11. The record failed to evidence the MD had been notified of these missed visits.</p> <p>The missed visit report dated 12/8/11, 12/10/11 and 12/11/11 did not have the physical therapist name on the report.</p> <p>2. Clinical record #2, plan of care 10/25/11-12/23/11, evidenced missed visits by the physical therapist on 12/11/11, 12/13/11, and 12/18/11. The record failed to evidence the MD had been notified of these missed visits.</p> <p>3. Clinical record #3, plan of care 11/19/11-1/17/12, evidenced missed visits on 11/28/11 and 12/2/11. The record failed to evidence the MD had been notified of these missed visits.</p> <p>4. Employee B, the administrator, provided the agency policy for missed visits. The undated and</p>	N 522			

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N 522	Continued From page 3 untitled policy states, "11. A range in frequency of visits for each service may be ordered by the physician. If fewer visits are provided than ordered, the physician is notified, and either a telephone order for missed visit is obtained or documentation of physician's notification is incorporated into the clinical record."	N 522			
N 542	410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions. This RULE is not met as evidenced by: Based on clinical record review and interview, the agency failed to ensure the nurse included the necessary treatment to assess the patient's blood pressure for orthostatic hypotension in 1 of 4 records review. (#3) Findings include: 1. Clinical record # 3, start of care date 11/19/11, evidenced that blood pressure had always been taken sitting each time the blood pressure was taken. 2. The plan of treatment with a certification period of 11/19/11 to 01/17/12 stated in the orders, "Instruct to rise slowly from lying position to avoid orthostatic hypotension." The plan of treatment failed to evidence interventions to assess for orthostatic hypotension. 3. On 12/15/11 at 10:15 AM, the director of nursing indicated patient #3 had not had his blood	N 542			

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N 542	Continued From page 4 pressure taken either lying or standing.	N 542			